

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

☐ Yes

⊠ No

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

COMMITTEE INFORMATION		-		
1. Full Name of Committee (as on Statement of Organization)	name			,
Gerald Coleman for Judge				
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telep	hone Numbe	r
	(317) 34	0-4130	
4. Mailing Address (address where all campaign finance correspondence is received)	heck if th	is is a new ac	ddress	
9101 Wesleyan Road, Suite 100				
5. City, State, ZIP Code	6. Part	y Affiliation (i	f applicable)	
Indianapolis, Indiana 46268	Demod	crat		
CANDIDATE INFORMATION (For Candidate's C	ommitte	ees Only)		
7. Full Name of Candidate (include any nickname)	8. Part	y Affiliation o	r If Independe	ent Candidate
Gerald B. Coleman				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Resid	ence	
Wayne Township Small Claims Court	Marion	r		
	,			
TYPE OF REPORT				ON CANDIDATES ONLY
11. Check one:		Ĺ	Check one:	
Pre-Primary Pre-Election Annual Nomination Other			☐ Pre-Cor	
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Utgoing Treasurer (within 10 days amend Statement of	Organizatio	n)	☐ POST-CO	nvention
12. Reporting Period:			A NMU	COLUMN B
From: 10/11/2014 Through: 12/31/14			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		700.44		
14. Cash on hand and investments January 1, current year.				565.00
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)		2264.2	-	4262.50
15b. Uniternized		0.00		0.00
15c. Add lines 15a and 15b in both columns SUBT	OTAL	2264.2	5	3963.25
	OTAL	2964.69		4827.50
EXPENDITURES		1 200 T.O.	-	· · · · · · · · · · · · · · · · · · ·
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2083.79	9	3946.60
17b. Unitemized		0.00	- ·	1
17c. Add lines 17a and 17b in both columns SUB	TOTAL	2083.79	3	3946.60
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	880.90	-	880.90
19. Debts OWED BY the committee (use Schedule D)		299.25		
20. Debts OWED TO the committee (use Schedule E)		200.20		
		1		FILE
CERTIFICATION				FOR DEFICE UE ON
Signature of the first and the statement. To the Best of My knowledge and Belief It is to the fine of the first and the statement. Title RFA S 118	RUE, COR	RECT AND COL	-30-	AN 21 2015
Signature of Candidate (if applicable)		Date / 20 /	15	hyla a. Eldridg
				nyen a Eldnedy 1114 am JO



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
		,			
Page _	11	of	11		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (Street, number of the state, 7/B and a)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code) 1. Jason & Kate Bell 2054 N. Delaware St.	Contributions: Direct In-Kind (describe)	PERIOD 25.00	25.00	10/13/14
Indianapolis, IN 46202	Other Receipts:			Anita Harden
Contributor's Occupation (if required)	Misc. (specify)			
2. Shevaughn M. Loney 4316 Ansar Ct. Indianapolis, IN 46254	Contributions: Direct In-Kind (describe)	40.00	40.00	10/28/14
	Other Receipts: Interest Loan Misc. (specify)			Anita Harden
3. Randy Lane 5742 Mignon Dr. Indianapolis, Indiana 46254	Contributions: Direct In-Kind (describe)	1000.000	1000.00	11/24/14
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			Anita Harden
4. Gerald Coleman 1601 Blackmore Dr. Indianapolis, IN 46231	Contributions: Direct In-Kind (describe)	299.25	299.25	10/24/15
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			Anita Harden
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	1		
Contributor's Occupation (if required)				
The state of the s	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$1364.25		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page _	11	of	1		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Wayne Township Club P.O. Box 2402 Speedway, IN 46224	Contributions: Direct In-Kind (describe)	200.00	200.00	10/14/14
	Other Receipts: Interest Loan Misc. (specify)			Anita Harden
2. Sunset Strip 2320 W 16th Indianapolis, IN 46222	Contributions; Direct In-Kind (describe)	200.00	200.00	10/27/14
	Other Receipts: Interest Loan Misc. (specify)	:		Anita Harden
3. Romar Concepts 8247 Indy Court Indianapolis, IN 46214	Contributions: Direct In-Kind (describe)	500.00	500.00	11/18/14
	Other Receipts: Interest Loan Misc. (specify)	:		Anita Harden
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$900.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$2264.25		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER						
Page	1	of	2			

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code Chase Bank 8715 N Michigan Indianapolis, IN 46268	Bank	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	15.00	150.00	10/31/14
Code	Domain Name	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	6.90	20.70	11/12/14
Code Jewil Printing P.O. Box 390, 219 W. Main St. Farmersburg, IN 47850	Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	362.87	725.74	11/18/14
Code Chase Bank	Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	15.00	165.00	11/28/14
Code	Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	362.87	1088.61	12/22/14
Code Indian Palace 4213 Lafayette Rd. Indianapolis, IN 46254		☐ Direct ☑ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	1000.00		11/24/14
CodeChase Bank	Bank	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	15.00	180.00	12/20/14
	SUBTOTAL THIS PAGE OF SCHEDULE B				
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t		\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER					
Page	2_	_ of	_2		

				. 495 51	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	Domain Name	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	6.90	27.60	12/12/14
Code Westside Community News	Advertisement	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	299.25		10/24/14
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		Acceptance of the second of th	
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$306.15		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$2083.79		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page		1	of	1	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YEAR-TO-DATE	PERIOD
Westside Community News		299.25	10/24/14	0.00	299.25
LENDER'S OCCUPATION:			-		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENGENS OCCUPATION.		:			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:			N.		
SUBTOTAL THIS PAGE OF SCHEDULE D					\$299.25
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

☐ Yes

⊠ No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

6

COMMITTEE INFORMATION							
Full Name of Committee (as on Statement of Organization) Check if this is a new r	ame						
Gerald Coleman for Judge							
Acronym or Abbreviated Name (if any) 3. Committee Telephone Number							
	1	317) 340-4130					
4. Mailing Address (address where all campaign finance correspondence is received)	neck if th	nis is a new address					
9101 Wesleyan Road, Suite 100							
5. City, State, ZIP Code	6. Par	ty Affiliation (if applicable)					
Indianapolis, Indiana 46268	Demo	crat					
CANDIDATE INFORMATION (For Candidate's C	ommitt	ees Only)					
7. Full Name of Candidate (include any nickname)	8. Par	ty Affiliation or If Independ	ent Candidate				
Gerald B. Coleman							
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence					
Wayne Township Small Claims Court	Marior	î .					
TVDF OF BEDORT	·	l conventi	ON GANDIGATES ONLY				
TYPE OF REPORT 11. Check one:			ON CANDIDATES ONLY				
Pre-Primary ☑ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Check one:					
	-		nvention onvention				
Final/Disbands Committee (lines 18, 19, and 20 must be *0") Outgoing Treasurer (within 10 days amend Statement of	Organizatio	n) L Posi-Ci	NI AGUIDOU				
12. Reporting Period:		COLUMN A This Period	COLUMN B Year to Date				
From: 10/11/2014 Through: 12/31/14 13. Cash on hand and investments at the beginning of this reporting period.		700.44	reas to State				
14. Cash on hand and investments January 1, current year.	····	700.44	565.00				
CONTRIBUTIONS AND RECEIPTS			303.00				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)							
15a. Itemized (use Schedule A)	·····	2264.25	4262.50				
15b. Unitemized		0.00	0.00				
15c. Add lines 15a and 15b in both columns SUBTO	JATC	2264.25	3963.25				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	2964.69	4827.50				
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2083.79	3946.60				
17b. Unitemized		0.00					
17c. Add lines 17a and 17b in both columns SUB1	OTAL	2083.79	3946.60				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	880.90	880.90				
19. Debts OWED BY the committee (use Schedule D)		299.25					
20. Debts OWED TO the committee (use Schedule E)							
CERTIFICATION FOR OFFICE USE ONLY							
I CERTIFY THAT I VAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.							
Signature of the first of the Court of the TRFASURFRONTE 1-30-15							
Signature of Candidate (if applicable)	ا	Date /20/15					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER							
				-				
-	Page _	1	of	1				

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:	25.00	25.00	
Jason & Kate Bell 2054 N. Delaware St.	Direct			10/13/14
Indianapolis, IN 46202	☐ In-Kind (describe)			
	Other Receipts:			Anita Harden
	Interest Loan			
	Misc. (specify)	÷		
Contributor's Occupation (if required)	-			
	0.00	40.00	40.00	10/28/14
2. Shevaughn M. Loney	Contributions: Direct	40.00	70.00	10/20/17
4316 Ansar Ct.	1			
Indianapolis, IN 46254	In-Kind (describe)			
A STATE OF THE STA				
	Other Receipts:			Anita Harden
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:	1000.000	1000.00	11/24/14
Randy Lane	Direct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5742 Mignon Dr.	In-Kind (describe)			
Indianapolis, Indiana 46254	M surving (describe)			
	Other Receipts:			Anita Harden
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:	299.25	299.25	10/24/15
Gerald Coleman	☐ Direct		:	
1601 Blackmore Dr.	In-Kind (describe)			÷
Indianapolis, IN 46231				
	Other Receipts:			Anita Harden
	Interest \(\sum \) Loan			renew righten
	☐ Misc. (specify)			į
		~		
Contributor's Occupation (if required)				
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			P. Carrier and Car
	Misc. (specify)			
Contributor's Occupation (if required)				-
Contractor a Constitution (4 today)				
l i i i i i i i i i i i i i i i i i i i	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE		\$1364.25		
(Enter total on ITE)	If 15a of the Summary Sheet)			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER							
Page _	11	of	1				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Wayne Township Club P.O. Box 2402 Speedway, IN 46224	Contributions: Direct In-Kind (describe)	200.00	200.00	10/14/14
	Other Receipts: interest Loan Misc. (specify)			Anita Harden
2. Sunset Strip 2320 W 16th Indianapolis, IN 46222	Contributions: Direct In-Kind (describe)	200.00	200.00	10/27/14
	Other Receipts: Interest Loan Misc. (specify)			Anita Harden
3. Romar Concepts 8247 Indy Court Indianapolis, IN 46214	Contributions: Direct In-Kind (describe)	500.00	500.00	11/18/14
	Other Receipts: Interest Loan Misc. (specify)			Anita Harden
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			· · · · · · · · · · · · · · · · · · ·
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$900.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$2264.25		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

	FILE	NUME	ER	
				,
Page _	1	of	2	

RECIPIENT'S NAME AND MAILING ADDRESS		RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
(street, number, c	ity, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Code Chase Bank 8715 N Michigan Indianapolis, IN 46268		Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	15.00	150.00	10/31/14
Code		Domain Name	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	6.90	20.70	11/12/14
Code Jewil Printing P.O. Box 390, 219 W. I Farmersburg, IN 47850		Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	362.87	725.74	11/18/14
Code		Bank	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	15.00	165.00	11/28/14
Code		Printer	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	362.87	1088.61	12/22/14
Code Indian Palace 4213 Lafayette Rd. Indianapolis, IN 48254			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1000.00		11/24/14
Code		Bank	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □	15.00	180.00	12/20/14
		SUBTOTAL THIS PAG	Purpose:	\$1777.64	31	;
	\$					



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

FILE NUMBER							
,							
Page _	2_ of_	2					

RECIPIENT'S NAME AND MAILING ADDRESS (street, number. city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	Domain Name	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	6.90	27.60	12/12/14
Code Westside Community News	Advertisement	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	299.25		10/24/14
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:		,	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		·	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			- Signatura de la companya del companya de la companya del companya de la company
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	F OF SCHEDULE B	\$306.15		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$2083.79		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER							
Page _	1of1							

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		299.25	10/24/14	0.00	299.25
Westside Community News					
*					
LENDER'S OCCUPATION:					
	·				
LENDER'S OCCUPATION:					
				1	
LENDER'S OCCUPATION:					
		,			,
LENDER'S OCCUPATION:					-
			* **		
LENDER'S OCCUPATION:					
LENDER'S CCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$299.25
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